

COPS ONLINE

Contact COPS Home

FEDERAL FINANCIAL REPORT SF-425

OMB Number: 0348-0061

1. Federal Agency and Organizational Element to Which Report is Submitted
U.S. Department of Justice Community Oriented Policing Services

2. Federal Grant or Other Identifying Number Assigned by Federal Agency
2009RKWX0842

3. Recipient Organization
West Valley, City of
3600 South Constitution Boulevard
West Valley City, UT 84119

4a. DUNS Number
053734703

4b. EIN
870362454

5. Recipient Account Number or Identifying Number
UT01625

6. Final Report
☐ Yes
☒ No

7. Basis of Accounting
☐ Cash
☒ Accrual

8. Project/Grant Period From: (Month, Day, Year)
7/1/2009

To: (Month, Day, Year)
6/30/2012

9. Reporting Period End Date (Month, Day, Year)
12/31/2009

10. Transactions
(Use lines a-c for single or multiple grant reporting)

Cumulative

Federal Cash:

a. Cash Receipts N/A

b. Cash Disbursements N/A

c. Cash on Hand (line a minus b) N/A

Use lines d-o for single grant reporting

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized \$1,762,677.00

e. Federal share of expenditures \$ 0.00
(Previous cumulative amount reported = \$ 0.00)

f. Federal share of unliquidated obligations \$ 0.00

g. Total Federal share (Sum of lines e and f) \$0.00
(Previous cumulative amount reported = \$ 0.00)

h. Unobligated balance of Federal funds (Line d minus g) \$1,762,677.00
(Previous cumulative amount reported = \$ 1762677.00)

Recipient Share:

i. Total recipient share required \$0.00

j. Recipient Share of Expenditures \$ 0.00
(Previous cumulative amount reported = \$ 0.00)

k. Remaining recipient share to be provided (Line i minus j) \$0.00
(Previous cumulative amount reported = \$ 0.00)

Program Income:

l. Total Federal program income earned \$ 0.00

m. Program income expended \$ 0.00
in accordance with the deduction alternative

n. Program income expended \$ 0.00
in accordance with the addition alternative

o. Unexpended program income \$ 0.00
(Line l minus line m or line n)

11. Indirect Expense

a. Type	b. Rate	c. Period From	c. Period To	d. Base	e. Amount Charged	f. Federal Share
Provisional	- %			0.00	0.00	0.00
Provisional	- %			0.00	0.00	0.00
g. Totals:				0.00	0.00	0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official

Colleen Nolen

c. Telephone (Area code, number, ext)

801 963 3265

d. Email address

colleen.nolen@wvc-ut.gov

e. Date Report Submitted (Month, Day, Year)

1/7/2010